

United States Bankruptcy Court for the:

Southern District of Indiana

Case number (if known): _____

Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Italy LLC

2. **All other names debtor used in the last 8 years** Avagnale Noble Cheeses
Catello's Mozzarella Bar
Avagnale Noble Cheeses LLC
Catello's Italian Art Cuisine

Include any assumed names, trade names, and *doing business* as names

3. **Debtor's federal Employer Identification Number (EIN)** 47-3209942

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>103 E State Street</u>	
	Number Street	Number Street
	<u>Pendleton</u> <u>IN</u> <u>46064</u>	<u>P.O. Box</u>
	City State ZIP Code	City State ZIP Code
	<u>Madison County</u>	Location of principal assets, if different from principal place of business
	County	<u>Number Street</u>
		<u>City State ZIP Code</u>

5. **Debtor's website (URL)** _____

6. **Type of debtor**

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor Initialy LLC Case number (if known) _____
 Name _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>.

722511

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
 District _____ When _____
 MM / DD / YYYY
 Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Initaly LLC Case number (if known) _____
 Name _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Initialy LLC Case number (if known) _____
 Name

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/26/2023
 MM / DD / YYYY

X /s/ Catello Avagnale

Signature of authorized representative of debtor

Catello Avagnale

Printed name

Title Member

18. Signature of attorney

X /s/ Jeffrey Hester

Signature of attorney for debtor

Date 05/26/2023

MM / DD / YYYY

Jeffrey Hester

Printed name

Hester Baker Krebs LLC

Firm name

One Indiana Sq Suite 1330

Number Street

Indianapolis

City

IN

State

46204

ZIP Code

317-833-3030

Contact phone

jhester@hbkfirm.com

Email address

22048-49

Bar number

IN

State

Fill in this information to identify the case:

Debtor name Initaly LLC

United States Bankruptcy Court for the: Southern District of Indiana (State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 157,552.38**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 157,552.38**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*\$ 954,390.33**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 6a of *Schedule E/F*\$ 220,509.58**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*+\$ 31,256.74**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 1,206,156.65

Fill in this information to identify the case:Debtor name Italy LLCUnited States Bankruptcy Court for the: Southern District of Indiana

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Indiana Department of Revenue Bankruptcy Section 100 N. Senate Avenue, MS 108 Indianapolis, IN, 46204		Taxes & Other Government Units				180,509.58
2	Internal Revenue Service P.O. Box 7346 Philadelphia, PA, 191017346		Taxes & Other Government Units				40,000.00
3	Rewards Network 540 W. Madison St., Suite 2400 Chicago, IL, 60661		Services				16,283.26
4	Creation Gardens P.O. Box 950301 Louisville, KY, 40295		Suppliers or Vendors				5,411.10
5	Fortune Fish & Gourmet 1068 W. South Thorndale Ave. Bensenville, IL, 60106		Suppliers or Vendors				5,062.38
6	Republic Services P.O. Box 9001099 Louisville, KY, 40290		Suppliers or Vendors				4,500.00
7	American Express P.O. Box 981535 El Paso, TX, 79998-1535		Credit Card Debt				0.00
8	Sysco 4000 W. 62nd Street Indianapolis, IN, 46268		Suppliers or Vendors				0.00

Debtor

Initaly LLC

Name

Case number (if known)

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:Debtor name Initaly LLCUnited States Bankruptcy Court for the: Southern District of Indiana

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 5,000.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Citizen State BankChecking9 6 0 1\$ 0.003.2. 3 RiversChecking8 0 6 9\$ 8,049.38**4. Other cash equivalents (Identify all)**

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1\$ 13,049.38

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. CA Cuisine LLC\$ 600.007.2. PK Clearwater Springs, LLC\$ 16,653.00

Description, including name of holder of prepayment

8.2. _____ \$ _____

Add lines 7 through 8. Copy the total to line 81.

\$ 17,253.00

☐ Yes. Fill in the information below.

11. Accounts receivable

11b. Over 90 days old: _____ - _____ = ➔ \$ _____
face amount doubtful or uncollectible accounts

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

☐ Yes. Fill in the information below.

Current value of debtor's interest

Name of fund or stock:

14.2. _____ \$

Name of entity:

% of ownership:

15.2. _____ % _____ \$

Describe:

16.2. _____ \$

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Initially LLC

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Wine and food			Debtor	13,000.00
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				13,000.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor Initaly LLC Case number (if known) _____
 Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
	\$ _____	_____	\$ _____
40. Office fixtures			
	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Restaurant Equipment list attached			
	\$ _____	_____	\$ 114,250.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 114,250.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor

Initially LLC

Name

Case number (if known)

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor Initialy LLC Case number (if known) _____
 Name _____

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ _____
57. Is a depreciation schedule available for any of the property listed in Part 9? <input type="checkbox"/> No <input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties Alcohol license - Pendleton and Indianapolis	\$ _____	_____	0.00 \$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$ 0.00 \$ _____

Debtor Initaly LLC Case number (if known) _____
 Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
 Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Employee Retention Tax Credit

Tax year 2022 \$ Unknown
 Tax year _____ \$ _____
 Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Initaly LLC

Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 13,049.38	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 17,253.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 13,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 114,250.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 157,552.38	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 157,552.38		\$ 157,552.38

Checklist restaurant

	ITEMS	Price Value now		
<input type="checkbox"/>	1 Bar Refrigerators	800.00	Storage	
<input type="checkbox"/>	1 Bar ice machine	1,000.00	Pendleton	
<input type="checkbox"/>	1 Ice Machine Big	2,000.00	Storage	
<input type="checkbox"/>	3 Countertop Refrigerators	3,500.00	Storage	
<input type="checkbox"/>	2 wine Cooler	1,700.00	Pendleton	
<input type="checkbox"/>	2 Display Deli Refrigerators	2,000.00	1Pendleton/1Storage	
<input type="checkbox"/>	2 Gelato Display	4,000.00	Storage	
<input type="checkbox"/>	1 Fish Display	4,500.00	Storage	
<input type="checkbox"/>	3 Prep tables cooler refrigerators	3,500.00	1Storage/2Pendleton	
<input type="checkbox"/>	5 Refrigerators	5,000.00	Storage	
<input type="checkbox"/>	3 Stove 6 burners	3,000.00	1Storage/2Pendleton	
<input type="checkbox"/>	2 Fryer machine	1,000.00	1Pendleton/1Storage	
<input type="checkbox"/>	1 Oven bakery Bakers Pride USED	2,500.00	Storage	
<input type="checkbox"/>	1 Slicer meat	300.00	Pendleton	
<input type="checkbox"/>	1 Pasta machine	4,000.00	Pendleton	
<input type="checkbox"/>	1 Cheese Machine USED	10,000.00	Storage	
<input type="checkbox"/>	1 Gelato machine	2,000.00	Storage	
<input type="checkbox"/>	1 Host Station	900.00	Storage	
<input type="checkbox"/>	3 POS Station furnitures	900.00	2Pendleton/1Storage	
<input type="checkbox"/>	5 Stainless steel Tables	2,000.00	3Storage/2pendleton	
<input type="checkbox"/>	2 Mixers and Tables	2,000.00	Pendleton	
<input type="checkbox"/>	170 Chairs	11,000.00	108Indy/62Pendleton	
<input type="checkbox"/>	9 booths seat	5,000.00	Indy	
<input type="checkbox"/>	45 tables	8,000.00	17Pendleton/28Indy	

	ITEMS	Price Value now		
<input type="checkbox"/>	1 Vacuum Machine	1,800.00	Storage	
<input type="checkbox"/>	4 shelves stand	300.00	2Pendleton/2storage	
<input type="checkbox"/>	1 wood pasta table	800.00	Storage	
<input type="checkbox"/>	8 Outdoor Tables	1,500.00	Indy	
<input type="checkbox"/>	25 outdoor chairs	2,000.00	Indy	
<input type="checkbox"/>	14 Bar Stools chairs	2,400.00	10Indy/4pendleton	
<input type="checkbox"/>	1 Oven Convection	1,300.00	Pendleton	
<input type="checkbox"/>	1 combi Oven	500.00	Storage	
<input type="checkbox"/>	15 Chandeliers	2,000.00	Indy	
<input type="checkbox"/>	Bar lamp table	500.00	Indy	
<input type="checkbox"/>	Sofa & tables	2,000.00	Storage	
<input type="checkbox"/>	3 single door freezer	3,000.00	2Pendleton/1storage	
<input type="checkbox"/>	Bar	4,000.00	Pendleton	
<input type="checkbox"/>	1 double door refrigerator	1,000.00	Pendleton	
<input type="checkbox"/>	Pasta cooker	1,500.00	Pendleton	
<input type="checkbox"/>	3 single door freezer	2,500.00	2Pendleton/1Storage	
<input type="checkbox"/>	Toast POS Stations	5,000.00	Storage	
<input type="checkbox"/>	Bread heating	150.00	Pendleton	
<input type="checkbox"/>	Filling machine	400.00	Storage	
<input type="checkbox"/>	Air conditioner	800.00	Pendleton	
<input type="checkbox"/>	Oven small	200.00	Storage	
<input type="checkbox"/>	Dishwashers (Plates, wine glass, Silverware)	2,500.00	Indy/Pendleton	
<input type="checkbox"/>	Dishwasher table	400.00	Storage	
<input type="checkbox"/>	Racks	200.00	Pendleton	
<input type="checkbox"/>		114,250.00		

	ITEMS	Price Value now		
				

Fill in this information to identify the case:

Debtor name Initial LLC
 United States Bankruptcy Court for the: Southern District of Indiana
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name
Ascentium Capital, LLC

Creditor's mailing address
23970 HWY 59 N
Kingwood, TX 77339-1535

Creditor's email address, if known

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor,

Describe debtor's property that is subject to a lien
Mozzarella machine; diamond tufted booths; diamond tufted booth double, filter system for ice machine; filter espresso unit

Describe the lien
Equipment finance agreement

Is the creditor an insider or related party?
☒ No
☐ Yes

Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 27,709.27\$ Unknown**2.2 Creditor's name**
Assn Company

Creditor's mailing address
P.O. Box 2576
Springfield, IL 62708

Creditor's email address, if known

Date debt was incurred _____
Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

\$ Unknown\$ Unknown**Describe the lien**UCC, 1/24/20; #20200124064885**Is the creditor an insider or related party?**

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 954,390.33

Debtor

Initially LLC

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name
Avanza Group, LLC

Describe debtor's property that is subject to a lien

\$118,840.40

\$Unknown

Creditor's mailing address

3974 Amboy Rd., Suite 306
Pendleton, IN 46064

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

MCA, UCC 8/15/22; #202208152967511

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____**2.4** Creditor's name
Corporation Service Company

Describe debtor's property that is subject to a lien

\$Unknown

\$Unknown

Creditor's mailing address

PO Box 2576
Springfield, IL 62708

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

UCC, 8/15/22; #202208152967410

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Initially LLC

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 **Creditor's name**
Corporation Service Company, as Representative

Describe debtor's property that is subject to a lien

\$Unknown

\$Unknown

Creditor's mailing address

P.O. Box 2576

Springfield, IL 62708

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

UCC, 8/15/22; #202208152967466

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

2.6 **Creditor's name**
Corporation Service Company, as Representative

Describe debtor's property that is subject to a lien

\$Unknown

\$Unknown

Creditor's mailing address

P.O. Box 2576

Springfield, IL 62708

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

UCC, 3/17/20; #202003172595770

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Initially LLC

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7 **Creditor's name**
Corporation Service Company, as Representative

Describe debtor's property that is subject to a lien

\$Unknown

\$Unknown

Creditor's mailing address

P.O. Box 2576

Springfield, IL 62708

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

UCC, 3/25/20; #202003272601003

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

2.8 **Creditor's name**
Corporation Service Company, as Representative

Describe debtor's property that is subject to a lien

\$Unknown

\$Unknown

Creditor's mailing address

P.O. Box 2576

Springfield, IL 62708

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

UCC, 8/10/20; #202008102664855

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Initialy LLC
Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9 **Creditor's name**
CT Corporation, as Representative**Describe debtor's property that is subject to a lien****Creditor's mailing address**Attn: SPRS
330 N. Brand Blvd., Suite 700, Glendale, C.

\$Unknown

\$Unknown

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

UCC, 3/31/20; #20203312602592

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

2.10 **Creditor's name**
First Bank Richmond**Describe debtor's property that is subject to a lien****Creditor's mailing address**P.O. Box 1145
Richmond, IN 47374

\$Unknown

\$Unknown

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

UCC, 11/4/20; #202011042702316

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Initially LLC
Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.11**Creditor's name**

Flagship Enterprise Center Inc dba Bankable

Creditor's mailing address2705 Enterprise Drive
Anderson, IN 46013**Creditor's email address, if known****Describe debtor's property that is subject to a lien**

\$36,000.00

\$0.00

Date debt was incurred

Last 4 digits of account number

4082

Describe the lien

Loan, UCC 8/24/18; #201800006896686

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

2.12**Creditor's name**

Flagship Enterprise Center, Inc. dba Bankable

Creditor's mailing address2705 Enterprise Drive
Anderson, IN 46013**Creditor's email address, if known****Describe debtor's property that is subject to a lien**

\$ 167,130.35

\$ Unknown

Date debt was incurred

Last 4 digits of account number

7010

Describe the lien

SBA loan

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

Debtor

Initialy LLC
Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.13 **Creditor's name**
Mart Financial Group Inc**Describe debtor's property that is subject to a lien****Creditor's mailing address**1410 N. Meacham Rd
Schaumburg, IL 60173

\$Unknown

\$Unknown

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

Agreement you made, Loan

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

2.14 **Creditor's name**
On Deck Capital**Describe debtor's property that is subject to a lien****Creditor's mailing address**901 N. Stuart Street, Suite 700
Arlington, VA 22203

\$58,334.76

\$0.00

Creditor's email address, if known**Date debt was incurred** 01/23/2020**Last 4 digits of account number****Describe the lien**

MCA

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Initialy LLC

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.15 **Creditor's name**
Prosperum Capital Partners LLC dba
Arsenal Funding

Describe debtor's property that is subject to a lien

\$40,065.55

\$ Unknown

Creditor's mailing address

8 West 36th Street, 7th Floor
New York, NY 10018

Creditor's email address, if known**Date debt was incurred** 07/15/2022**Last 4 digits of account number****Describe the lien**

MCA

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

2.16 **Creditor's name**
U.S. Small Business Administration

Describe debtor's property that is subject to a lien

\$472,000.00

\$ Unknown

Creditor's mailing address

2 North 20th Street
Suite 320, Birmingham, AL 35203

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

EIDL

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Debtor

Initially LLC

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.17 **Creditor's name**
Webbank, its successors and assignees**Describe debtor's property that is subject to a lien**

\$Unknown

\$Unknown

Creditor's mailing address

215 South State St., Suite 1000

Salt Lake City, UT 84111

Creditor's email address, if known**Date debt was incurred****Last 4 digits of account number****Describe the lien**

UCC, 6/2/21; #202106022787022

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____**2.18** **Creditor's name**
Wellen Capital**Describe debtor's property that is subject to a lien**

\$34,310.00

\$0.00

Creditor's mailing address

872 S. Milwaukee Ave., Suite 289

Libertyville, IL 60048

Creditor's email address, if known**Date debt was incurred** 01/06/2020**Last 4 digits of account number****Describe the lien**

MCA

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Debtor Initally LLC
Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Bret Thrasher Aubrey Thrasher LLC 1170 Peachtree Street NE, Suite 1925 Atlanta, GA, 30309	Line 2. <u>14</u>	_____
Michael White Stuart Lippman and Associates 5447 E. 5th Street, Suite 110 Tucson, AZ, 85711	Line 2. <u>1</u>	_____
Parker L. Moss 4646 W. Jefferson Blvd., Suite 230 Fort Wayne, IN, 46804	Line 2. <u>18</u>	_____
Richard Muller 61-43 186th Street, Suite 450 Fresh Meadows, NY, 11365	Line 2. <u>15</u>	_____
Steven Berkovitch Berkovitch & Bouskila PLLC 80 Broad Street, Suite 3303 New York, NY, 10004	Line 2. <u>3</u>	_____
U.S. Small Business Administration 2 North 20th Street Suite 320 Birmingham, AL, 35203	Line 2. <u>12</u>	_____
U.S. Small Business Administration 8500 Keystone Crossing, Suite 400 Indianapolis, IN, 46240	Line 2. <u>12</u>	_____
U.S. Small Business Administration 8500 Keystone Crossing, Suite 400 Indianapolis, IN, 46240	Line 2. <u>16</u>	_____
Wellen Capital LLC 600 West Jackson Blvd., Suite 750 Chicago, IL, 60661	Line 2. <u>18</u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____

Fill in this information to identify the case:

Debtor Initialy LLC

United States Bankruptcy Court for the: Southern District of Indiana

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Indiana Department of Revenue
 Bankruptcy Section
 100 N. Senate Avenue, MS 108
 Indianapolis, IN, 46204

As of the petition filing date, the claim is: \$ 180,509.58

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

\$ _____

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account
 number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (8)

2.2 Priority creditor's name and mailing address

Internal Revenue Service
 P.O. Box 7346
 Philadelphia, PA, 191017346

As of the petition filing date, the claim is: \$ 40,000.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

\$ _____

Basis for the claim:

Taxes & Other Government Units

Date or dates debt was incurred

Last 4 digits of account
 number _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (8)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

\$ _____

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
 number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
 claim: 11 U.S.C. § 507(a) (_____)

Debtor

Initially LLC
Name

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address American Express P.O. Box 981535 El Paso, TX, 79998-1535 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Unknown
3.2	Nonpriority creditor's name and mailing address Creation Gardens P.O. Box 950301 Louisville, KY, 40295 Date or dates debt was incurred <u>08/2/2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 5,411.10
3.3	Nonpriority creditor's name and mailing address Fortune Fish & Gourmet 1068 W. South Thorndale Ave. Bensenville, IL, 60106 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 5,062.38
3.4	Nonpriority creditor's name and mailing address Republic Services P.O. Box 9001099 Louisville, KY, 40290 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 4,500.00
3.5	Nonpriority creditor's name and mailing address Rewards Network 540 W. Madison St., Suite 2400 Chicago, IL, 60661 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 16,283.26
3.6	Nonpriority creditor's name and mailing address Sysco 4000 W. 62nd Street Indianapolis, IN, 46268 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Unknown

Debtor

Initially LLC
Name

Case number (if known)

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Dedicated Financial GBC 1970 Oakcrest Ave., #217 Saint Paul, MN, 55113	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.1. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Debtor

Italy LLC
Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a. \$ 220,509.58

5b. **Total claims from Part 2**

5b. + \$ 31,256.74

5c. **Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$ 251,766.32

Fill in this information to identify the case:

Debtor name Initialy LLC

United States Bankruptcy Court for the: Southern District of Indiana

Case number (If known): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>107 E. State Street, Pendleton IN 46064</p> <p>Grow Properties LLC 206 Forest Knoll Fishers, IN, 46037</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Lease</p> <p>NorthStar Leasing Company P.O. Box 4505 Burlington, VT, 05406</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>4901 E. 82nd Street, Suite 900, Indianapolis, IN 46250</p> <p>PK Clearwater Springs LLC 8801 River Crossing Blvd., Suite 50 Indianapolis, IN, 46240</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>101, 103, 105 E. State Street and 104, 106 N. Pendleton Avenue, Pendleton, IN 46064</p> <p>G. Douglas Owens 111 N. Pendleton Avenue Pendleton, IN, 46064</p>
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Debt Consolidation</p> <p>Debt Savy 39 Broadway, 32th Floor New York, NY, 10006</p>

Debtor Initally LLC Case number (if known) _____
 Name _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Debt consolidation

Global Holdings LLC
 4343 S. 118th E. Ave., Suite 220
 Tulsa, OK, 74146

2. 6 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
 List the contract number of any government contract

2. ____ State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
 List the contract number of any government contract

2. ____ State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
 List the contract number of any government contract

2. ____ State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
 List the contract number of any government contract

2. ____ State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
 List the contract number of any government contract

2. ____ State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
 List the contract number of any government contract

2. ____ State what the contract or lease is for and the nature of the debtor's interest

State the term remaining
 List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Initialy LLC

United States Bankruptcy Court for the: Southern District of Indiana

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Catello Avagnale	Catello Avagnale 7760 Rose Lane\rIngalls, IN 46048	On Deck Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Catello Avagnale	Catello Avagnale 7760 Rose Lane\rIngalls, IN 46048	Wellen Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Catello Avagnale	Catello Avagnale 7760 Rose Lane\rIngalls, IN 46048	Flagship Enterprise Cente	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Catello Avagnale	Catello Avagnale 7760 Rose Lane\rIngalls, IN 46048	Prosperum Capital Partne	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Catello Avagnale	Catello Avagnale 7760 Rose Lane\rIngalls, IN 46048	U.S. Small Business Adr	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Catello Avagnale	Catello Avagnale 7760 Rose Lane\rIngalls, IN 46048	Flagship Enterprise Cente	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Italy LLC

United States Bankruptcy Court for the: Southern District of Indiana

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 0.00

For prior year:

From 01/01/2022 to 12/31/2022
MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 1,947,196.00

For the year before that:

From 01/01/2021 to 12/31/2021
MM / DD / YYYY

☐ Operating a business
☐ Other

\$ 1,498,517.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

Debtor Initaly LLC Case number (if known) _____
 Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy
3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. American Express Creditor's name P.O. Box 981535 El Paso, TX 79998-1535	04/01/2023 03/09/2023 01/13/2023	\$ 12,905.09	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Credit Card Debt</u>
3.2. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name		\$	
Relationship to debtor			
4.2. Insider's name		\$	
Relationship to debtor			

Debtor Initaly LLC
Name

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	_____ Creditor's name		_____	\$ _____
5.2.	_____ Creditor's name		_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____ Creditor's name		_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	On Deck Capital, Inc. vs. Avagnale Noble Cheeses, LLC and Catello Avagnale		Commonwealth of Virginia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number		Arlington Circuit Court Arlington, VA 22201	
	CL23-1234			
7.2.	Prosperum Capital Partners LLC dba Arsenal Funding v. Initially LLC dba Avagnale Noble Cheeses and Catello		Supreme Court of Kings County New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number		360 Adams St., #4 Brooklyn, NY 11201	
	501648			

Debtor Initialy LLC Case number (if known) _____
 Name _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
_____	_____	_____	\$ _____

Debtor Initaly LLC
Name

Case number (if known) _____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. <u>Hester Baker Krebs LLC</u>		<u>05/23/2023</u>	\$ <u>10,000.00</u>
Address			
<u>One Indiana Square, Suite 1330</u> <u>Indianapolis, IN 46204</u>			

Email or website address

Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____		_____	\$ _____
Address			

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____		_____	\$ _____
Trustee			

Debtor Initaly LLC Case number (if known) _____
 Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	<u>Third party</u>	Burner	<u>01/01/2022</u>	\$ <u>Unknown</u>
	Address			
	Relationship to debtor			
	<u>n/a</u>			
13.2.	<u>Con Vivio</u>	Pannini maker	<u>01/01/2022</u>	\$ <u>Unknown</u>
	Address			
	<u>Carmel,</u>			
	Relationship to debtor			
	<u>n/a</u>			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy	
		From	To
14.1.	4901 E. 82nd Street\Indianapolis, IN 46250	<u>01/24/2020</u>	<u>01/01/2023</u>
14.2.		<u> </u>	<u> </u>

Debtor Initialy LLC
Name _____

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**15.1. _____
Facility name**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider.**How are records kept?***Check all that apply:*

- ☐ Electronically
- ☐ Paper

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**15.2. _____
Facility name**Location where patient records are maintained** (if different from facility address). If electronic, identify any service provider.**How are records kept?***Check all that apply:*

- ☐ Electronically
- ☐ Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- ☐ No
- ☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan**Employer identification number of the plan**

EIN: _____

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor Initial LLC Case number (if known) _____
 Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units
18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<u>Name</u>	XXXX- <u> </u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u> </u>	<u> </u>	\$ <u> </u>
18.2.	<u>Name</u>	XXXX- <u> </u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u> </u>	<u> </u>	\$ <u> </u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Name</u>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div>			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Storage Now <u>Name</u> 1360 E. Broadway Street\Fortville, IN 46040	Catello Avagnale	See attachment to Schedule A	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div>			

Debtor Initaly LLC Case number (if known) _____
 Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own
21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
_____ Name			\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____ Case number	_____ Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____ Name	_____ Name		_____

Debtor Initaly LLC Case number (if known) _____
 Name

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____ Dates business existed From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. Name		EIN: _____ Dates business existed From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. Name		EIN: _____ Dates business existed From _____ To _____

Name

Debtor Initaly LLC Case number (if known) _____
 Name

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Ascentium Capital

Name

23970 Hwy 59 N, Kingwood, TX. 77339

Name and address

26d.2.

Assn Company

Name

P.O. Box 2576, Springfield, IL 62708

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Initialy LLC Case number (if known) _____
 Name

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Catello Avagnale	7760 Rose Lane, Ingalls, IN 46048	Owner/Member	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Catello Avagnale Name	104,862.30		Salary 2022
Relationship to debtor			
Member			

Debtor Initaly LLC Case number (if known) _____
 Name _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/26/2023
 MM / DD / YYYY

X /s/ Catello Avagnale

Printed name Catello Avagnale

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

Debtor Name Initaly LLC

Case number (if known) _____

Continuation Sheet for Official Form 207

7) Legal Actions

Wellen Capital LLC v Initally aka Avagnale Noble Cheeses LLC

48C05-2303-PL-03416

Collection

Madison County Circuit Court

16 E. 9th Street, Anderson, IN 46016

Pending

13) Transfers not already listed on this statement

Transferee: Third party

Date of Transfer: 01/01/2022

Description: 2 hot displays

Value: \$0.00

26d) Creditors

Avanza Group, LLC

3974 Amboy Rd., Suite 306, Pendleton,
IN 46064

First Bank Richmond

P.O. Box 1145, Richmond, IN 47374

Flagship Enterprise Center dba Bankable

PPP SBA #44008473-04, 2705 Enterprisee
Drive, Anderson, IN 46013

Global Financial

Green Capital Funding LLC

116 Nassau St., Suite 804, New York,
NY 10038

Indiana National Debt Relief

Mart

1410 N. Meacham Rd., Schaumburg, IL
60173

On Deck Capital

901 N. Stuart Street, Suite 700,
Arlington, VA 22203

Aresnal Funding

8 West 36th Street, 7th Floor, New
York, NY 10018

U.S Small Business Administration

2 North 20th Street, Suite 320,
Birmingham, AL 35203

Webbank, its successors and assignees	215 South State St., Suite 1000, Salt Lake City, UT 84111
Wellen Capital	872 S. Milwaukee Ave, Suite 289, Libertyville, IL 60048

Fill in this information to identify the case and this filing:

Debtor Name Initialy LLC

United States Bankruptcy Court for the: Southern District of Indiana

Case number (If known): _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/26/2023
MM / DD / YYYY

X /s/ Catello Avagnale
Signature of individual signing on behalf of debtor

Catello Avagnale

Printed name

Member

Position or relationship to debtor

Verification of Creditor List (rev 12/01/18)

UNITED STATES BANKRUPTCY COURT
Southern District of Indiana

In re: _____)
Initaly LLC) Case No. _____
[Name of Debtor(s)]) (xx-xxxxx)
_____,)
Debtor(s).)

☐ Check if this form
is submitted with an
amended creditor list.

VERIFICATION OF CREDITOR LIST

(I/We) declare under penalty of perjury that all entities included or to be included in Schedules D, E/F, G, and H are listed in the creditor list submitted with this verification. This includes all creditors, parties to leases and executory contracts, and codebtors.

(I/We) declare that the names and addresses of the listed entities are true and correct to the best of (my/our) knowledge.

(I/We) understand that (I/we) must file an amended creditor list and pay an amendment fee if there are entities listed on (my/our) schedules that are not included in the creditor list submitted with this verification.

Dated: 05/26/2023

/s/ Catello Avagnale

Signature of Debtor

Signature of Joint Debtor

(Note: Certificate of Service not required.)

American Express
P.O. Box 981535
El Paso, TX 79998-1535

First Bank Richmond
P.O. Box 1145
Richmond, IN 47374

Ascentium Capital, LLC
23970 HWY 59 N
Kingwood, TX 77339-1535

Flagship Enterprise Center Inc dba Bankable
2705 Enterprise Drive
Anderson, IN 46013

Assn Company
P.O. Box 2576
Springfield, IL 62708

Flagship Enterprise Center, Inc. dba Bankabl
2705 Enterprise Drive
Anderson, IN 46013

Avanza Group, LLC
3974 Amboy Rd., Suite 306
Pendleton, IN 46064

Fortune Fish & Gourmet
1068 W. South Thorndale Ave.
Bensenville, IL 60106

Bret Thrasher
Aubrey Thrasher LLC
1170 Peachtree Street NE, Suite 1925
Atlanta, GA 30309

G. Douglas Owens
111 N. Pendleton Avenue
Pendleton, IN 46064

Catello Avagnale
7760 Rose Lane
Ingalls, IN 46048

Global Holdings LLC
4343 S. 118th E. Ave., Suite 220
Tulsa, OK 74146

Corporation Service Company
PO Box 2576
Springfield, IL 62708

Grow Properties LLC
206 Forest Knoll
Fishers, IN 46037

Corporation Service Company, as Representativ
P.O. Box 2576
Springfield, IL 62708

Indiana Department of Revenue
Bankruptcy Section
100 N. Senate Avenue, MS 108
Indianapolis, IN 46204

Creation Gardens
P.O. Box 950301
Louisville, KY 40295

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 191017346

CT Corporation, as Representative
Attn: SPRS
330 N. Brand Blvd., Suite 700
Glendale, CA 91203

Mart Financial Group Inc
1410 N. Meacham Rd
Schaumburg, IL 60173

Debt Savy
39 Broadway, 32th Floor
New York, NY 10006

Michael White
Stuart Lippman and Associates
5447 E. 5th Street, Suite 110
Tucson, AZ 85711

Dedicated Financial GBC
1970 Oakcrest Ave., #217
Saint Paul, MN 55113

NorthStar Leasing Company
P.O. Box 4505
Burlington, VT 05406

On Deck Capital
901 N. Stuart Street, Suite 700
Arlington, VA 22203

U.S. Small Business Administration
8500 Keystone Crossing, Suite 400
Indianapolis, IN 46240

On Deck Capital, Inc.
901 N. Stuart Street, Suite 700
Arlington, VA 22203

Webbank, its successors and assignees
215 South State St., Suite 1000
Salt Lake City, UT 84111

Parker L. Moss
4646 W. Jefferson Blvd., Suite 230
Fort Wayne, IN 46804

Wellen Capital
872 S. Milwaukee Ave., Suite 289
Libertyville, IL 60048

PK Clearwater Springs LLC
8801 River Crossing Blvd., Suite 50
Indianapolis, IN 46240

Wellen Capital LLC
600 West Jackson Blvd., Suite 750
Chicago, IL 60661

Prosperum Capital Partners LLC dba Arsenal Fu
8 West 36th Street, 7th Floor
New York, NY 10018

Republic Services
P.O. Box 9001099
Louisville, KY 40290

Rewards Network
540 W. Madison St., Suite 2400
Chicago, IL 60661

Richard Muller
61-43 186th Street, Suite 450
Fresh Meadows, NY 11365

Steven Berkovitch
Berkovitch & Bouskila PLLC
80 Broad Street, Suite 3303
New York, NY 10004

Sysco
4000 W. 62nd Street
Indianapolis, IN 46268

U.S. Small Business Administration
2 North 20th Street
Suite 320
Birmingham, AL 35203

U.S. Small Business Administration
2 North 20th Street
Suite 320
Birmingham, AL 35203

United States Bankruptcy Court

Southern District of Indiana

In re Initaly LLC

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ FLAT FEE

For legal services, I have agreed to accept \$ _____

Prior to the filing of this statement I have received. \$ _____

Balance Due. \$ _____

☒ RETAINER

For legal services, I have agreed to accept a retainer of \$ ^{10,000.00} _____

The undersigned shall bill against the retainer at an hourly rate of \$ ^{425.00} _____

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

Total compensation shall be based upon the total hours of legal services rendered at the applicable attorney or legal assistant rates, plus expenses, less retainer paid, pursuant to a written engagement letter. No flat fee or flat rate is intended or implied.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
Representation of the Debtor in any adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/26/2023

/s/ Jeffrey Hester, 22048-49

Date

Signature of Attorney

Hester Baker Krebs LLC

Name of law firm

One Indiana Sq
Suite 1330
Indianapolis, IN 46204